

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013901

1. Entity Name

SAJEN, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90131 045 ***150.00

Principal Place of Business 169 E FLAGLER ST STE 1600 MIAMI FL 33131	Mailing Address 169 E FLAGLER ST STE 1600 MIAMI FL 33131-1211
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0841486** Applied For
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, ELLIOTT
 111 SW 3 STRET 6THFL
 MIAMI FL 33130

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	RESSLER, JEFFREY	169 E FLAGLER ST #1600	MIAMI FL 33131				
PD	RESSLER, VIVIEN	169 E FLAGLER ST #1600	MIAMI FL 33131				
SD	HARRIS, ELLIOTT	111 SW 3 ST 6FL	MIAMI FL 33130				
T	LINDENFELD, DANYA	169 E FLAGLER STE #1600	MIAMI FL 33131				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Danya Lindenfeld 2/7/00 (305) 374367
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #